

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Slam m</i>		02-10-01
O.I.P.E. CLASSIFIER	<i>hufu</i>	TC 826	8-18-01
FORMALITY REVIEW	<i>#-5</i>	866	9/14/01
RESPONSE FORMALITY REVIEW			11-27-01

# INDEX OF CLAIMS

✓ ..... Rejected  
- ..... Allowed  
+ ..... Canceled  
(Through numeral)..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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